

LIFT FOR LIFE ACADEMY WITHDRAWAL FORM AND/OR PARENT/GUARDIAN REQUEST FOR RECORDS

(Please Print)

Date: _____

Student Name: _____ Grade: _____

Student DOB: _____ Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

PLEASE CHECK/COMPLETE ONE:

- Student will be transferring schools: _____

Name of new school: _____

Address, City, and State of new school: _____

Phone and fax number of new school: P- _____ F- _____

-I hereby authorize the withdrawal of this student from regular attendance at Lift for Life Academy.

Parent/Guardian Signature: _____ Date: _____

- I am requesting my child's records for other purposes, and my child will not be transferring schools at this point: _____ Reason: _____

DOCUMENTS REQUESTED:

___ IEP
___ Grades/Transcript
___ Discipline
___ Attendance
___ Immunizations
___ Other _____

FEES OWED THAT WE ARE REQUESTING (THIS PORTION WILL BE FILLED OUT BY THE SCHOOL):

LIBRARY FEES:	LUNCH FEES:	OTHER FEES:
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Documents will be gathered as soon as possible and you will be notified when they are ready to pick up. We will contact you at the phone number listed above.